

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

VENDOR INFORMATION/TIN CERTIFICATION
Mandatory Information that MUST be provided before submission

<input type="checkbox"/> Ex-AO Employee
<input type="checkbox"/> SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Other Address (If different from Vendor Address) Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name: Marilee Dalton Peters	Address:
Business Name: (if different from above)	City:
Address 1: C/o Dilks & Knopik, LLC	State: Zip Code:
Address 2: 35308 SE Center Street	Phone #:
City: Snoqualmie	Description: (If needed)
State: WA Zip Code: 98065-9216	
Phone #: 425-836-5728 E-mail: info@dkllc.com	
Taxpayer Identification # [REDACTED] (TIN, SS, or EIN number)	
DUNS #	
Financial Information (If Requested)	
Bank Name:	Routing # (this nine digit number appears on your checks, but do not include individual check numbers):
City:	Account #:
State: Zip Code:	Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- | | |
|--|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input type="checkbox"/> corporate entity (not tax-exempt); | <input type="checkbox"/> corporate entity (tax-exempt); |
| <input type="checkbox"/> health care provider; | <input checked="" type="checkbox"/> other: Individual |
| <input type="checkbox"/> government entity (write in either federal, state or local) | N/A - Court ordered unclaimed funds payment |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
 - I am a U.S. citizen or other U.S. person (defined below).
- ☐ You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Definitions:

"Taxpayer Identification (TIN, SS, or EIN number)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- ☐ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- ☐ The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- ☐ Women Owned Business
- ☒ Not Applicable
- ☐ Minority Owned Business (If yes, select one of the owner's race/ethnicity selections from below):
 - ☐ Asian-Pacific American
 - ☐ Black American
 - ☐ Subcontinent Asian (Asian-Indian) American
 - ☐ Hispanic American
 - ☐ Native American
 - ☐ Other: BD

Date: 02/09/2016

Vendor's signature [Signature]

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: ☐ Addition ☐ Change ☐ Vendor Code: _____ (make entry only if change)
☐ Active ☐ Inactive ☐ Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: _____
Telephone Number: _____ Email: _____

Identification of person making this request:

Name: _____
Telephone Number: _____ Originating Office: _____

Please type or print clearly. For "AO" FAS4T Users only, e-mail the completed form to: AODB.OPB.Client.Service.Desk/DCA/AO/USCOURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242. For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.

DILKS & KNOPIK, LLC

"When Success Matters"

February 3, 2016

United State Bankruptcy Court
Eastern District of Washington
Attn: Financial Administrator
PO Box 2164
Spokane, WA 99210

RE: Application for the Release of Unclaimed Funds

Dear Sir or Madam:

I have recently electronically filed a Petition & Order to Claim Unclaimed Funds via ECF. This is regarding the unclaimed monies due and owing to Marilee Dalton Peters for the amount of \$\$1,317.88. This is from the Bankruptcy of Health Link and Case No. 98-06581-FLK7.

The Social Security/Tax Identification Number of Marilee Dalton Peters is [REDACTED]

Attached is supporting documentation to the Petition.

Thank you for your attention to this matter.

Sincerely,



Brian J. Dilks

35308 SE Center St
Snoqualmie, WA 98065

Phone (425) 836-5728
Fax (877) 209-8249
Email admin@dilksknopik.com

www.dilksknopik.com

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON

In re)	Case No. 98-06581-FLK7
)	
Health Link)	APPLICATION FOR PAYMENT OF
)	UNCLAIMED FUNDS
Debtor(s))	

ADDENDUM

Case History:

Dividends were not collected by the **creditor**, Marilee Dalton. Marilee Dalton Peters's current address is as follows:

1275 Masters Ln
Decatur, IL 62521

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON

RE:

Case: 98-06581-FLK7

Health Link

AFFIDAVIT OF ADDRESS

Debtor(s)

I, Marilee Dalton Peters, under the penalty of perjury under the laws of the United States of America declare (or certify, verify or state) that the following statements and information are true and correct:

1. I am a claimant in the above mentioned case.
2. I worked for Health Link as a nurse practitioner from 1997-1998.
3. The original disbursement check was never represented for payment within 90 days after issuance because: The original check was never received by the creditor due to a change in address
4. At the time of the above bankruptcy, I had a mailing address of 9222 N. Newport Hwy, Ste B, Spokane, WA 99208.
5. The following is my current address and phone number:
Marilee Dalton Peters
1275 Masters Ln
Decatur, IL 62521
6. It has been about 18 years since I have used the 9222 N. Newport Hwy, Ste B, Spokane, WA 99208 address and after a diligent search I have been unable to find anything showing that address.

For this reason it is overly burdensome and may be impossible to provide documentation verifying the specific address of record. I pray that the court will accept this affidavit as proof of address.

Dated 1/15/16

By: Marilee Dalton Peters
Marilee Dalton Peters

STATE OF Illinois COUNTY OF Mason

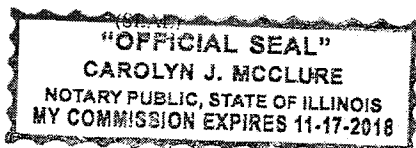
On 1-15-16 before me, personally appeared (insert name of the signer)

Marilee Dalton Peters

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.


Carolyn J. McClure
Notary Public

My commission expires on 11-17-18



Address Proof

ILLINOIS James A. White • Secretary of State
DRIVER'S LICENSE

 Lic. No.: [REDACTED]
DOB: 05-18-52
Expires: 05-18-16
Issued: 03-18-12
Class: D
End: [REDACTED]
Rest: [REDACTED]
Type: DRG

MARILEE DALTON PETERS
3275 W. MASTERS LANE
DECATUR IL 62521

Handwritten Signature 05-27-12

Female 5'04" 140 lbs BLUE Eyes